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Q and A

About AIDS



**Seattle-King County
Department of Public Health**

Public Health Department AIDS services include:

- **Education about AIDS**, including advertisements, brochures, information over the telephone, and speakers for group presentations.
- **AIDS Counseling and Clinical Services** to help concerned individuals assess their risk of acquiring AIDS, whether any symptoms may be linked with AIDS, and to care for persons with AIDS and related conditions.
- **AIDS Surveillance**, a special program involving many local physicians and hospitals to monitor AIDS and related conditions in our community.
- **Antibody Testing**, to offer concerned individuals the AIDS virus antibody blood test to determine if exposure to the virus has occurred.

AIDS Project • 587-4999

Other resources:

- Tel-Med AIDS tapes: call 621-9450, 11am-8pm, M-F. Ask for:
 - Tape #5065 which provides a general description of AIDS.
 - Tape #5069 which describes risk reduction practices to reduce the chance of acquiring or transmitting AIDS.
 - Tape #5070 which describes the AIDS virus antibody blood test.
- U.S. Dept. of Health and Human Services, AIDS Hotline 1-800-342-AIDS.

Q. *What is Acquired Immune Deficiency Syndrome (AIDS)?*

A. AIDS is a disease that is caused by a virus which damages the body's immune system, resulting in infections and cancers that are usually not a threat to healthy people. These illnesses are referred to as "opportunistic" infections and malignancies (cancers).

The AIDS virus is transmitted sexually or by direct contact with blood or body secretions (e.g., semen, vaginal fluid). AIDS is not transmitted by casual contact.

Q. *Who is at risk of getting AIDS?*

A. In the United States, about 73% of those affected are sexually active homosexual and bisexual men, and about 18% are persons who abuse drugs by needle injection. About 2% of cases have occurred in persons who have received a blood transfusion, about 1% are persons with the blood disorder called hemophilia; another 1% have occurred in persons who were heterosexual partners of persons in the other risk groups; and about 1% are children born to mothers infected with the virus. Although a few percent are not officially classified into one of these groups, all of them are believed to have risk factors that were denied or were not recognized.

The risk of developing AIDS is extremely low for people who do not have intimate sexual contact or share needles with persons infected with the AIDS virus. Even health care workers and family members who care for persons with AIDS are at very low risk when reasonable infection control precautions are taken.

Q. *Why should I be concerned about AIDS?*

A. AIDS usually occurs in previously healthy people in the prime of life. It has a very high fatality rate; most persons die within three years from the time of diagnosis, although a few have survived for three or more years. AIDS survivors continue to face a high risk of developing fatal opportunistic infections and cancers.

Very large direct health care costs are required for the treatment of AIDS. The average AIDS patient spends two months of his or her life in the hospital, at a cost of over \$100,000. For this reason, it would be wise for persons in the high risk groups to obtain medical and disability insurance. The other costs of AIDS—economic, psychological, and personal—are inestimable.

Q. *What are the symptoms of AIDS?*

A. The symptoms of AIDS are the same as for many other less serious diseases. Having these symptoms does not necessarily mean that a person has AIDS. However, it would be wise to see a doctor promptly if the following symptoms occur, especially for person in high-risk groups.

1. A **fever** without a known cause that persists for 2 weeks or more.
2. **Night sweats**, that is, being awakened by sweating that soaks the bedsheets, when the room is not hot and heavy covers are not being used.
3. A persistent **dry cough** not due to smoking, that has lasted too long to be due to cold or flu (more than two weeks), or any cough accompanied by shortness of breath.
4. **Breathing difficulty**, such as shortness of breath, especially if accompanied by fever.
5. **Loss of appetite** severe enough to cause unintentioned weight loss of 10 pounds or more.
6. Unexplained **diarrhea** that persists for more than two weeks.
7. **Swollen lymph nodes** (glands), which has the medical name **lymphadenopathy**. The abnormal swollen glands usually are not painful, and appear as lumps that can be felt under the skin, most commonly in the neck, the armpits, or the groin.
8. **Unexplained skin lesions**, especially when there are newly-appearing painless pink, brown or purple spots or bumps. This may be **Kaposi's sarcoma**, the most common kind of cancer seen among

persons with AIDS. The lesions may appear anywhere on the skin, or on the inside of the mouth, nose, eyelids, rectum, or feet. They often look like bruises, but instead of getting better and going away, they gradually get larger. They usually feel slightly harder than the skin around them. The lesions are not painful and do not itch; an **itchy** or **scaly** rash usually is not a sign of AIDS.

9. **Yeast (fungus) infections** that keep recurring or that persist for several weeks. Yeast infections usually appear as white patches in the mouth or throat, or as itching, soreness and sometimes cracking of the skin, especially around the anus or the corners of the mouth. (Vaginal yeast infections in women almost never are a sign of AIDS.)

Q. *How is AIDS diagnosed?*

A. There is no single test that can determine if a person has AIDS. The diagnosis of AIDS is based on the person's medical history, the findings on a physical examination, and the presence of certain tumors or opportunistic infections when no other known cause for an immune deficiency can be found. Although an AIDS virus antibody blood test (see page 7) does not diagnose the disease, a positive test may help to confirm the diagnosis when other evidence of AIDS is present.

Q. *What is the AIDS virus antibody test?*

A. The blood test to detect antibodies to the AIDS virus indicates whether a person has been infected with the virus. Most persons infected with the AIDS virus do not have AIDS itself, and this test does not diagnose AIDS, nor will it predict if AIDS will develop. However, persons with positive tests do have an increased risk of getting AIDS in the future.

The Seattle-King County Department of Public Health offers the AIDS virus antibody blood test to persons who wish to have it, and will treat all test results with strict confidentiality. Although the Puget Sound Blood Center and other blood donation centers will use the test to screen blood donations, persons at risk for AIDS **should not** donate blood in order to have the blood test. This is because the test is not always accurate and this small margin of error may allow infected blood to be donated. Persons who are at risk for AIDS and who wish to be tested are urged to go to the Department of Public Health, the Seattle Gay Clinic, or to their own doctors, and not to any blood donation center.

A **negative** blood test means that the blood does not contain antibodies to the AIDS virus at this time. This usually means that infection with the virus has not occurred; however, in some cases of actual viral infection antibodies are not produced or do not remain in the blood. A negative result also does not mean that infection could not occur in the future. We therefore strongly urge all persons, including those whose tests are negative, to follow the AIDS risk reduction guidelines (see page 12).

A **positive** blood test means that, at some time, the person became infected with the AIDS virus, and that the body produced antibodies to the virus. This does not necessarily mean that AIDS will develop; it is

believed that only a small percentage of people with antibodies will go on to develop AIDS. The test cannot determine when the exposure to the virus took place. Most persons with positive blood tests are carrying the AIDS virus and are capable of transmitting it to others by intimate contact with infected blood or body secretions. Therefore, those with positive blood tests have an absolute obligation to strictly adhere to the AIDS risk reduction guidelines and to take no chance whatsoever of transmitting the virus to another person. Despite having a positive test result, day-to-day contact with other people at work and in the community can continue as usual. Relations with family and friends can be normal; for example, hugging and kissing on the cheek do not spread the virus.

Q. *What is known about the opportunistic infections and cancers associated with AIDS?*

A. The opportunistic infections and cancers seen with AIDS are not new. Kaposi's sarcoma, a type of cancer, was described over 100 years ago. Prior to 1980, Kaposi's sarcoma primarily affected elderly men and was seldom fatal, even 5 to 10 years after diagnosis. It is also seen among children and young adults in some parts of equatorial Africa and in a few other locations. **Pneumocystis carinii** is a small protozoan (one-celled) parasite that is common in the environment. However, it causes pneumonia only in patients with AIDS or with other severe underlying illness (such as leukemia) or in patients receiving intense therapy with drugs that suppress the immune system (such as organ transplant patients). Several other opportunistic infections also occur commonly in AIDS patients.

Q. *How is AIDS contracted?*

A. AIDS is transmitted and acquired only by direct intimate contact with infected blood or body secretions; it is **not** acquired by casual contact. The ways that AIDS may be acquired are:

1. By sexual contact with body secretions of a person who is infected with the AIDS virus. This person may look and feel well.
2. By sharing hypodermic needles used with illegal drugs such as heroin, thereby receiving small amounts of blood from a person who may be a carrier of the AIDS virus.
3. Through transfusions of infected blood or blood products. This is now extremely rare, since current blood bank policies are effective in preventing contaminated blood from being used for transfusion.

We do **not** recommend that blood transfusions be avoided if your physician recommends that you should **receive** a blood transfusion. Transfusion of blood or blood products is important in the treatment of many serious or life-threatening conditions, and the extremely small risk of contracting AIDS should not prevent anyone from receiving a needed blood transfusion. There is **no** risk to the **donor** for giving blood.

4. By transmission from an infected mother to her infant in the uterus, during birth, or perhaps through breast feeding.

The AIDS virus dies quickly outside the body and is easily killed by soap and by common cleansers and disinfectants. Also, infection may require exposure to large amounts of the virus or repeated exposure. Therefore, AIDS is **not** spread by casual contact, such as shaking hands, hugging, touching objects handled by a person with AIDS, or by spending time in the same house, business, or public place. No person need worry about catching the AIDS virus from merely casual contact. It is not appropriate to assume that someone is infected with the AIDS virus just because he or she may be homosexual or a drug user, or even if they appear to have symptoms linked with AIDS.

Q. *Can AIDS be prevented?*

A. Since AIDS is a communicable disease that is sexually transmitted, common sense, as well as results of scientific studies, support the following recommendations.

1. The most certain way to avoid exposure to the AIDS virus is to **abstain from all sexual activity** with any person known to be at risk for AIDS. A current **mutually monogamous** relationship introduces no new risk factors, provided that neither partner has other sexual partners. It is especially dangerous to have casual sexual encounters or to have sexual relationships with any person who has had large numbers of other partners, whether homosexual or heterosexual.
2. If one nevertheless decides to continue casual encounters or non-monogamous relationships with persons at risk of AIDS, then limiting sexual practices to those that do not permit direct contact with blood or body secretions (including semen, vaginal fluid, saliva, urine, and feces) will reduce the transmission of AIDS virus. Condoms do not guarantee safety, but they may reduce the risk associated with vaginal and rectal intercourse as well as oral-genital contact, and they should be used for any sexual contact that is expected to result in ejaculation. Since the AIDS virus has been found in saliva of some persons who have AIDS, open-mouthed ("French") kissing also may carry some risk.
3. Drug abuse by using needles should be avoided. If drug abuse is continued, only sterile needles should be used, and needles should **never** be shared.

Q. *Is there a relationship between lifestyle and AIDS?*

A. It is not known if specific lifestyle habits contribute to AIDS, apart from the behaviors described on the previous pages. However, physical and emotional stress may hamper the body's ability to fight infections. The drugs that we use and our physical and mental health all have a significant impact on our body's ability to heal itself. A good diet, getting enough rest, and taking good care of yourself can help your body stay in good condition; however this is not necessarily going to protect you from contracting any illness and is not a substitute for adhering to the risk reduction guidelines. The age-old recommendation of "moderation in all things" and a "health mind in a healthy body" still holds. Be caring of yourself and others.

A final word . . .

The Department of Public Health affirms the dignity of each individual and the absolute right of all citizens to freedom from prejudice and discrimination on the basis of sexual orientation. The recommendations in this pamphlet are designed to enhance well-being and prevent deaths among citizens at risk for AIDS. They do not say and do not imply that there is a risk of transmission of AIDS virus infection through day-to-day nonsexual contact in the workplace, in the home, or in public places.

It should be emphasized that intensive research on AIDS is in progress across the country, and more information will become available as research continues. As new information on the prevention and control of AIDS is known, it will be shared with the community as promptly as possible. In the meantime, see your physician if you have concerns or should you develop any of the symptoms described above.

For further information, contact

AIDS Project

587-4999

Seattle-King County Department of Public Health

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